



ISOTRETINOIN

Declaration for female patients opting not to follow the Pregnancy Prevention Plan

- I have received the information about the risks of having an affected baby if I should become pregnant whilst taking isotretinoin.
- I am aware that this risk to a pregnancy persists throughout the duration of the treatment with isotretinoin and during the month after finishing treatment.
- I believe that I am not pregnant at this moment.
- I believe that I am not at risk of becoming pregnant during the course of treatment with isotretinoin or in the month following treatment.
- I have discussed with (name of doctor or nurse) the risks to a pregnancy during treatment with isotretinoin and accept these risks if I take isotretinoin
- I am prepared to take isotretinoin without taking/using contraception at the same time
- If I become pregnant whilst taking isotretinoin or in the month after treatment, I will inform and seek advice from with a view to having the pregnancy terminated

Signed: _____ Date: _____

Print Name: _____

Witnessed: _____

Designation of Witness: _____